



Please email completed application to [Info@somacura.com](mailto:Info@somacura.com)

| <b>APPLICANT INFORMATION</b>                    |  |    |                              |                   |                              |                             |                                                |      |  |                              |  |                             |
|-------------------------------------------------|--|----|------------------------------|-------------------|------------------------------|-----------------------------|------------------------------------------------|------|--|------------------------------|--|-----------------------------|
| Last Name                                       |  |    | First                        |                   |                              | M.I.                        |                                                | Date |  |                              |  |                             |
| Street Address                                  |  |    |                              |                   |                              | Apartment/Unit #            |                                                |      |  |                              |  |                             |
| City                                            |  |    |                              | State             |                              | ZIP                         |                                                |      |  |                              |  |                             |
| Phone                                           |  |    |                              | E-mail Address    |                              |                             |                                                |      |  |                              |  |                             |
| Date Available                                  |  |    | Social Security No.          |                   |                              |                             |                                                |      |  |                              |  |                             |
| Birth date                                      |  |    |                              |                   |                              |                             |                                                |      |  |                              |  |                             |
| Are you a citizen of the United States?         |  |    | YES <input type="checkbox"/> |                   | NO <input type="checkbox"/>  |                             | If no, are you authorized to work in the U.S.? |      |  | YES <input type="checkbox"/> |  | NO <input type="checkbox"/> |
| Have you ever worked for this company?          |  |    | YES <input type="checkbox"/> |                   | NO <input type="checkbox"/>  |                             | If so, when?                                   |      |  |                              |  |                             |
| Have you ever been convicted of a felony?       |  |    | YES <input type="checkbox"/> |                   | NO <input type="checkbox"/>  |                             | If yes, explain                                |      |  |                              |  |                             |
| <b>EDUCATION/CERTIFICATION</b>                  |  |    |                              |                   |                              |                             |                                                |      |  |                              |  |                             |
| High School                                     |  |    | Address                      |                   |                              |                             |                                                |      |  |                              |  |                             |
| From                                            |  | To |                              | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree                                         |      |  |                              |  |                             |
| College                                         |  |    | Address                      |                   |                              |                             |                                                |      |  |                              |  |                             |
| From                                            |  | To |                              | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree                                         |      |  |                              |  |                             |
| Certification                                   |  |    | Address                      |                   |                              |                             |                                                |      |  |                              |  |                             |
| From                                            |  | To |                              | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree                                         |      |  |                              |  |                             |
| <b>REFERENCES</b>                               |  |    |                              |                   |                              |                             |                                                |      |  |                              |  |                             |
| <i>Please list two professional references.</i> |  |    |                              |                   |                              |                             |                                                |      |  |                              |  |                             |
| Full Name                                       |  |    |                              | Relationship      |                              |                             |                                                |      |  |                              |  |                             |
| Company                                         |  |    |                              | Phone             |                              |                             |                                                |      |  |                              |  |                             |
| Address                                         |  |    |                              |                   |                              |                             |                                                |      |  |                              |  |                             |
| Full Name                                       |  |    |                              | Relationship      |                              |                             |                                                |      |  |                              |  |                             |
| Company                                         |  |    |                              | Phone             |                              |                             |                                                |      |  |                              |  |                             |
| Address                                         |  |    |                              |                   |                              |                             |                                                |      |  |                              |  |                             |

| PREVIOUS EMPLOYMENT                                                                                               |                 |                    |                  |
|-------------------------------------------------------------------------------------------------------------------|-----------------|--------------------|------------------|
| Company                                                                                                           |                 | Phone              |                  |
| Address                                                                                                           |                 | Supervisor         |                  |
| Job Title                                                                                                         | Starting Salary | \$                 | Ending Salary \$ |
| Responsibilities                                                                                                  |                 |                    |                  |
| From                                                                                                              | To              | Reason for Leaving |                  |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> |                 |                    |                  |
| Company                                                                                                           |                 | Phone              |                  |
| Address                                                                                                           |                 | Supervisor         |                  |
| Job Title                                                                                                         | Starting Salary | \$                 | Ending Salary \$ |
| Responsibilities                                                                                                  |                 |                    |                  |
| From                                                                                                              | To              | Reason for Leaving |                  |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> |                 |                    |                  |
| Company                                                                                                           |                 | Phone              |                  |
| Address                                                                                                           |                 | Supervisor         |                  |
| Job Title                                                                                                         | Starting Salary | \$                 | Ending Salary \$ |
| Responsibilities                                                                                                  |                 |                    |                  |
| From                                                                                                              | To              | Reason for Leaving |                  |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> |                 |                    |                  |

| AVAILABILITY                                   |
|------------------------------------------------|
| What days and times are you available to work? |

| DISCLAIMER AND SIGNATURE                                                                                                                            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| I certify that my answers are true and complete to the best of my knowledge.                                                                        |
| If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. |
| Signature                                                                                                                                           |
| Date                                                                                                                                                |

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